

## LIBRARY SERVICES AND TECHNOLOGY ACT, Quarterly Report

### Quarterly Report, 2017 Competitive and Mini Grants

Quarterly reports allow the Nevada State Library, Archives and Public Records (NSLAPR) to effectively monitor sub-recipients to ensure that project goals are being met and program funds are being used for authorized purposes. In this report, you will summarize accomplishments and procurement activities to date, and update NSLAPR staff on any problems or delays that may have been encountered.

Submit report by 5:00 pm on or before due date to: [nslaprlsta@admin.nv.gov](mailto:nslaprlsta@admin.nv.gov).

SELECT ONE	QUARTER	DATES	REPORT DUE DATE
	1	July 1-September 30	October 31
	2	October 1-December 31	January 31
	3	January 1-March 31	April 30
	4	April 1-June 30	July 20

## Section 1

**1.1 Library Name:**

**1.2 Project Title:**

**1.3 Sub-Grant Number:**

## Section 2

**2.1 Do you feel this grant is helping you provide better service to your customers?**

☐ Strongly agree    ☐ Agree    ☐ Neutral    ☐ Disagree    ☐ Strongly disagree

**2.2 Please elaborate on question 2.1.**

### Section 3

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#### 3.1 Project Progress to Date: Is your project on track?

☐ **Yes:** summarize what project activities have been accomplished to date

☐ **No:** summarize activities to date and any obstacles/challenges/delays that have been encountered. Will a change in scope, timeline, activities, budget or outcomes be necessary?

### Section 4

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4.1 Do you anticipate fully expending the grant amount? ☐ Yes ☐ No (explain below)

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**4.2 Project Budget Detail.** Fields do *not* auto-calculate. In each budget category, enter the project's approved LSTA Budget, the program funds expended to date, the reimbursement requests submitted to NSLAPR and received to date, and LSTA funds balance that remains. Total column. Also report your progress on meeting LSTA match requirements.

Category	LSTA Budget	LSTA Expended	LSTA Received	LSTA Balance Remaining	Match (10%)
Salaries	\$	\$	\$	\$	\$
Equipment over \$5k	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Consultant Fees	\$	\$	\$	\$	\$
Library Materials	\$	\$	\$	\$	\$
Supplies/Other	\$	\$	\$	\$	\$
Contracted Services	\$	\$	\$	\$	\$
Indirect Costs	\$	4	\$	\$	\$
Project Totals	\$	\$	\$	\$	\$

## Section 5

**5.1 Project Title:**

**5.2 Library Name:**

**5.3 I, THE UNDERSIGNED, CERTIFY** that the information provided above is true and correct to the best of my knowledge. All financial outlays are for the purposes and conditions set forth in the approved grant budget, and the grant and matching funds were used in compliance of the laws and regulations.

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Name and title (please print)

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Signature

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Date Signed